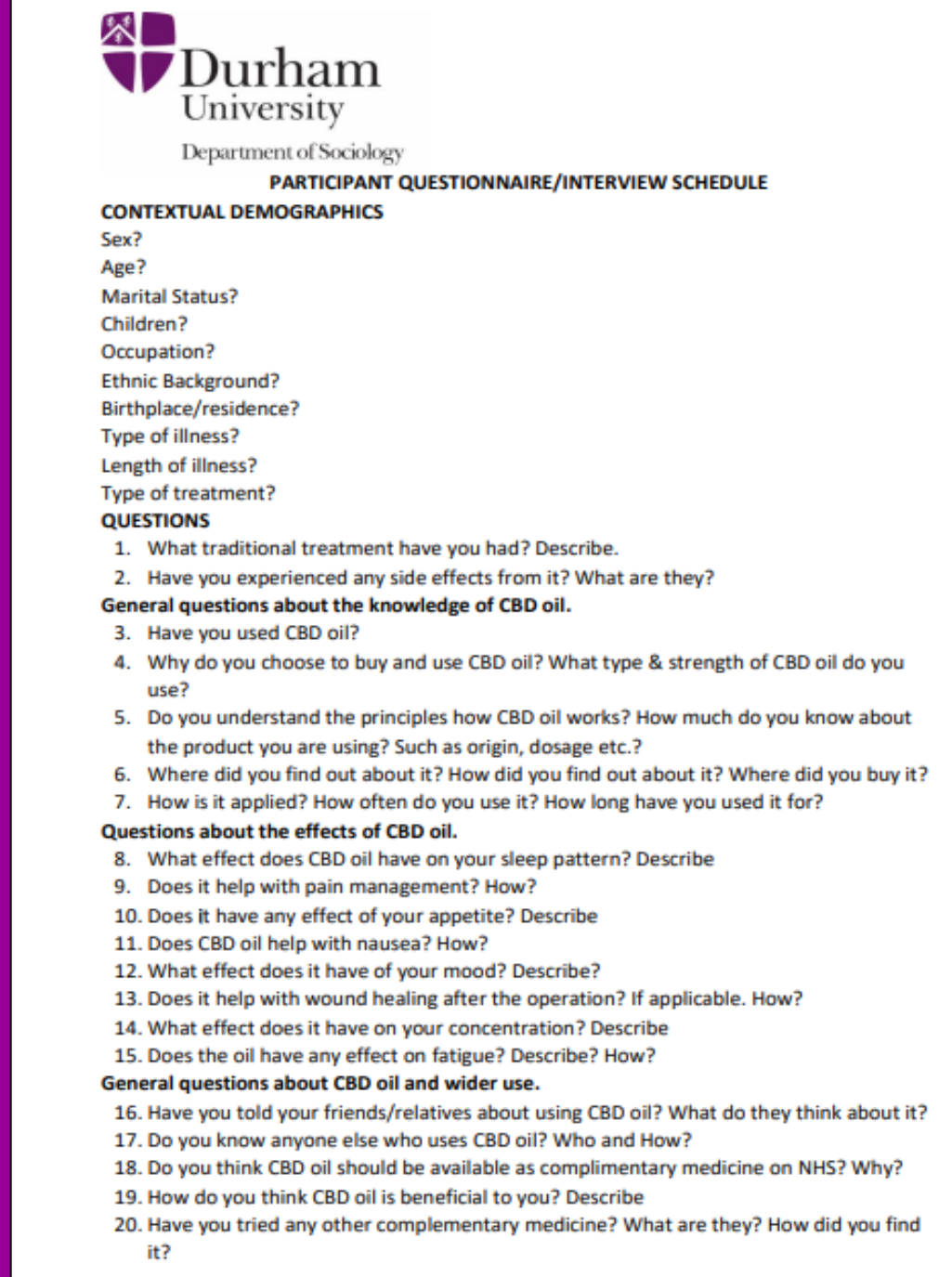


### INTRODUCTION

For thousands of years people used various plants in their daily lives to cure health issues or to improve their quality of life. Cannabis oil received an ample of attention in the recent years and is now available for purchase from on line and high street stores, without conclusive answers whether it is a medicine or a food supplement. Yet most vulnerable people are buying or producing and self-medicating using cannabis oil to treat their health issues, without any advice or supervision from a clinician.



### METHOD

Participants were recruited via online social media platform such as Facebook. All participants were required to fill in a questionnaire, providing freely their experience of using cannabis oil. A total of 35 participants took part (20 female and 15 male), mean age 42.1 years, majority from white British ethnic background. Qualitative coding analysis was used to process the data.

### RESULTS

Every participant without exception reported positive, life changing effect of cannabis oil. Most common reports from participants were comments such as: “None of the prescription drugs provided such relief from pain as cannabis oil”, and “I can have a normal quality of life by using cannabis oil”, or “I can work, study, sleep, eat, and go about my daily activities with the help of cannabis oil”. However despite the success stories, 86% of participants would not tell their clinicians, employers, friends and family about the use of cannabis oil due to stigma, legal implications and consequences to their relationships.

So how can we safely move forward and make the most use of the cannabis oil, to help those who are suffering from most debilitating health conditions? Present report is exploring future steps which need to be taken, in order to regulate dosage, manufacturing and prescription, followed by random control clinical trials for various health issues. The illicit status of cannabis oil is discussed.

### DISCUSSION

Initially I set out to investigate the benefits of CBD oil use by cancer patients. However the research lead me to discover how and why people are self-medicating with cannabis oils to find cure and relief from many other debilitating health issues. In fact most vulnerable, often desperate patients buy CBD oil and self-medicate without any supervision by a physician. But most importantly without any clear evidence and categorisation whether CBD oil is a “cure all medication” or simply a food supplement?

#### POTENTIAL IMPACT

My research is calling out for clinical trials to answer such question by providing clear empirical evidence. If it is a fantastic medication which some users claim saved their lives, cured cancers and relieved pain and suffering then the reaching impact is unlimited! Similar to the recent discovery of the CBD oil treatment of drug resistant epilepsy.

#### PUBLIC ENGAGEMENT

This research opened up opportunities to meet colleagues from other universities where similar work is currently conducted. Kings College London is investigating the effects of CBD oil therefore collaboration via open science framework is one of the possibilities to share my findings and exchange experience. Presentation of the findings in a medical, social or psychological conference and journals is also greatly desired as it would be beneficial for the stimulation of clinical trials among stakeholders and decision makers.

#### LIMITATIONS

Whilst the rage of participants and health conditions are varied, present research has its limits in the number of participants and ethnic variation. All participants who volunteered to take part in this study have chosen to used cannabis oil at their own initiative, unlike the clinical trials which would produce much wider and more comprehensive data.

### REFERENCES

Häuser, W., Finn, D., Kalso, E., Krceviski-Skvarc, N., Kress, H., Morlion, B., Perrot, S., Schäfer, M., Wells, C. and Brill, S., 2018. European Pain Federation (EFIC) position paper on appropriate use of cannabis-based medicines and medical cannabis for chronic pain management. *European Journal of Pain*, 22(9), pp.1547-1564.

Howlett, A., 2002. International Union of Pharmacology. XXVII. Classification of Cannabinoid Receptors. *Pharmacological Reviews*, 54(2), pp.161-202.

Herkenham, M., Lynn, A., Johnson, M., Melvin, L., de Costa, B. and Rice, K., 1991. Characterization and localization of cannabinoid receptors in rat brain: a quantitative in vitro autoradiographic study. *The Journal of Neuroscience*, 11(2), pp.563-583.

Porter, A. and Felder, C., 2001. The endocannabinoid nervous system. *Pharmacology & Therapeutics*, 90(1), pp.45-60.